

1 LOCATION OF WATER WELL  
 County: Norton Fraction Nw 1/4 Nw 1/4 SE 1/4 Section Number 26 Township Number T 2 S Range Number R 22 E/W

Distance and direction from nearest town or city? 6 mi East 1 mi North of Norton, Kans  
 Street address of well if located within city?

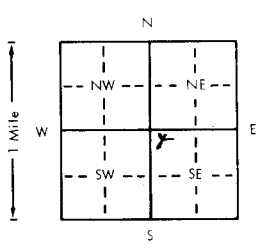
2 WATER WELL OWNER: Bill Lowry  
 RR#, St. Address, Box #: Rt 1  
 City, State, ZIP Code: Alton, Kansas 67622  
 Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL: 63 ft. Bore Hole Diameter: 9 in. to 63 ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 Well's static water level: 28 ft. below land surface measured on \_\_\_\_\_ month 27 day 8/1 year  
 Pump Test Data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield: 18 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 2 PVC 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing dia: 5 in. to 53 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 14 in., weight 236 lbs./ft. Wall thickness or gauge No 214  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 11 None (open hole)  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 Screen-Perforation Dia: 5 in. to 63 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From 53 ft. to 63 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grouted Intervals: From 19 ft. to 53 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4  2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines  
 Direction from well: WEST How many feet: 400? Water Well Disinfected? Yes  No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, date sample was submitted \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year: Pump Installed? Yes  No \_\_\_\_\_  
 If Yes: Pump Manufacturer's name: AER motor Model No. S.D. 12-50 HP 1/2 Volts 230  
 Depth of Pump Intake: 60 ft. Pumps Capacity rated at 12 gal./min.  
 Type of pump:  1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 167  
 This Water Well Record was completed on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year under the business name of Fawcett Drilling by (signature) John R. Powell

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>42</u>	<u>Clay</u>			
<u>42</u>	<u>49</u>	<u>Sand with Blue Mud</u>			
<u>49</u>	<u>63</u>	<u>Sand (Good)</u>			

  
 ELEVATION: upland

Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)  
 INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.